



Medical Director Review/Report

Petition #

Date Received	Deadline	Date Completed
Workers' Name:	MT Agency Claim Number:	
Date Of Accident:	Part of Body Injured:	
Primary Diagnosis:	Subsequent Diagnosis:	
Description of how reopening of medical benefits will keep the injured worker at work or return to work.		
Initial Review	Two-year Review	
Medical Director Review		
Recommendation:	Reopen Do Not Reopen	
Rationale:		
Panel Review: Yes No	Panel Review Completed	
Final Recommendation for Petition to Reopen Medical Benefits		
Recommendation:	Reopen Do Not Reopen	
Enter Time for reopened medical benefits (i.e., 1.5 years)	Reopening end date	
Rationale:		
Medical Director's Signature:		
Date:		